If more beanks are needed, addre s tate Registrar, 16 W. Salatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the Salesman, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEA. I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (nierely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection from (disease important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL of HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Sto e	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 2 120	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURDAU	July 5,1927	Peritonitis	3 days ago	
•		2			
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	-				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a. additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on Locomotive engineer

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever: (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "lelanus) may be stated under the head of "contributory." Recommendations on statement of cause of death -American Medical Association.) use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: *Measles* (disease "Congenital," "Senile," etc.), "Dropsy,
> "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-ECOIN. Every item of information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, ä

1. PLACE OF DEATH	
County Prince From	Registration Dist. No. 239
4	No. St., Ward
Village or City & acceptance (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. il ol loreign birth?wrsmosds.
2. FULL NAME lo hristina M. B.	lair
(a) Residence: No. (Usual place of ahode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(Or) WIFE OF Thomas M. Blair	22. 7 HEREBY SERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sula 9, 1860	i last saw h alive on 3 13 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.1.5 Am.
7/ /- 4 I'day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Cucin Line
9. Industry or business in which work was done, as SILK MILL,	of San Vende
10. Date deceased last worked et this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) Wash	A
(State or country)	Facturde The
II 13. NAME Some Vide	
13. NAME Some Visit	Name of operation Dete of
(State or country) Scotland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Tene Benton	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Jene Benton 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or coupty) Scattered	Where did injury occur?
17. INFORMANT The M. Blair, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OB-REMOVAL	Manner of injury
Place Washing Ton Date ang, 15, 1931	Nature of injury
19. UNDERTAKER The we White Co. Line	24. Wes disease or injury in eny wey releted to occupation of deceased?
(Address) Zamel - god	If so, specify
20. FILED LLEY 13, 193 / M. Brashery Registrar.	(Signed) M. D.
1	2417 N. Charles Street. Baltimore. Requesting U. S. No. 7.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	fine and the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

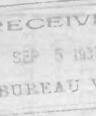
(Approved by U. S. Census and American Public Health Association.)

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inges, perdonacum, etc., Carcinoma, Sarcoma,, etc., of "(Exhaustion," "Heart Amero," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" stated unless important. Example: Meosles (dixease (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." carbolic acid-probably sucids. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepais, Examples: Accidental drowning; Struck by radiuay train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Committee on for malignant neoplasms); Chronic affection need not be etc. The contributory valudar heart disease; Nomenclature "Convulsions, Meastes,

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V. S. No. 1

N. B.

(PHYSI-
שלט	INT I CORD	iEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
OR BINDIR	S A PERMA	ACE should that it may ctions on bac
MARGIN RESERVED FOR BINDING	WRITE PLACE WITH UNFADING INKTHIS IS A PERMANNT I CORD	Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
MARGI	WITH UNFA	mation should be CAUSE OF DEA
	WRITE PLA	and item of informants should state
No. 1		CI/Sta

PLACE OF DEATH	STATE OF MARTLAND
County Vivice Teorge	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Mt Rainierso. 37	728 32 St.: Ward) (If death occurred in a hospitel or institution, give its NAME Instead of street and
2FULL NAME adrian Br	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall White the word) 5 SINGLE, MARRIED, WIDOWED, MANUEL OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to Carry 9 , 1931
(Month) (Day) (Year)	that I last sow h Malive on any 9 192
7 AGE If LESS than	
79 yrs. 9 mos. 2 ds. or min.?	
OCCUPATION (a) Trade, profession or Ptas A. Frances	
particular kind of work with family (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstian) Jy18 mos de
9 BIRTHPLACE	Contributory Secondary
(State or country) martel Frances	(Durstion) yrs
10 NAME OF FATHER Adrian Bulle	(Signed) Ener 7 Saprington M. D
11 BIRTHPLACE	aug 10 1931 (Address) 1103-14 / Callington
OF FATHER Z (State or country) Travel	*State the Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jacoba Derei	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
B. C. 11 B. D.	Former or usual residence
(Address) 3778-3211 Just Raum	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF SURIAL DATE OF BURIAL
15 Filed Mar 10 1031 1 Hay hally W. A. Registrar	20 UNDERTAKER ADDRESS 1400 Chape
If more blanks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, State cause can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on for which surgical operation was under-Chronic etc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

UNITED STATES STANDARD CERTIFICATE OF DEATH Police States

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker." "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

a of infor- ould state OCCUPA-	STATE OF MARYLAND— 1. PLACE OF DEATH County Surce Glorges	CERTIFICATE OF DEATH 09632 Registration Dist. No. 239
iten of	Village or City The Laurel Tamtaryon	death occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS ct statement	2. FULL NAME Mabel B. Cogging. (a) Residence: No. The Laurel Santareum, La.	rs.
T t	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
LY. Exa	3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (1-min the word) Married Married	21. DATE OF DEATH Aug (Month) (Day) (Year)
BINDING ERMANE EXACT y classified te.	5a. If married, widewed, or divorced HILSBAND of Oor Desse C. Coggins.	22. MIHEREBY CERTIFY. That I attended deceased from 199, to aug 1931
FOR BINJ IS A PERM stated EX. properly cla	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 dey, hrs. or min.	I last saw h
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, Housing SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Itrangulation
RESE NG INK AGE sh that it ions on	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 12. BIRTHPLACE (city or town) 3alta Ma.	Other Contributory Causes of importance:
MARGIN RI ITH UNFADING illy supplied. AGI plain terms, so tha	(State or country) 3. NAME 13. NAME 14. BIRTHPLACE (city or town) Ratio ma	Name of operation. Date of
WITH refully in plai	15. MAIDEN NAME anno Dicesor	What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following:
be be imp	16. BIRTHPLACE (city or town) Dalts M. (State or country) 17. INFORMANT De Coggins (Address)	Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E S Si	18. BURIAL, CREMATION, OR REMOVAL PROCE Derived Ridge Dete 8/10/, 1931	Manner of injury Strangerlation with Bell Nature of injury Bellh surpending body
S. Mo. 1 B.—WRIT mation CAUS	19. UNDERTAKER Harry (F. Witzbel) Cue (Addjusson 4/0/ Edmonson) Cue 20. FILE CULT 9 193/M. Brushears	24. Was disease or injury in any way related to occupation of deceased? No.) If so, specify (Signed) M. D.
5 %	Registrar.	(Address) & acreel Md. 2412 N. Charles Street, Ballimore, Requesting V. S. No. 1.
1 h trova	I and Investaled by Henry MS	off & Pactino Coroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 5 MAN	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago	
		3			
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

19633 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or Institu-tion, give its NAME ir-stead of street and

number.)

(Day)

MEDICAL CERTIFICATE OF DEATH

and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

ADDRESS

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto.,

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (4) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile fuctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> 'telanus') may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, approved by Committee on or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all inges, perilonacum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH			09634	STATE OF	MARYLAND
County James Grong			(59)	CERTIFICATE	
Village or City Ouverdale 2FULL NAME In	kant	425	Game	Registration Ward	Oist. No. 245 (If death occurred in a hospital or institution, give its NAME i) stead of street and number.)
PERSONAL AND STATISTI	CAL PARTICU	LARS	MEDIC	AL CERTIFICATE	OF DEATH
Male White	S SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	rigle 1	6 DATE OF DEATH	(Month)	, 192 / (Year)
6 DATE OF BIRTH	ust 10	, 1931	Coma 10	192 . to Lu	ended the deceased from 192 / 192 / 192 /
7 AGE		If LESS than a		red on the date stated	above, at 3:30fm
a OCCUPATION (a) Trade, profession or particular kind of work			The	malinty	
(b) General nature of industry business, or establishment in which employed or (employer)	<u></u>		Contributory	(Durstion)	yrs,ds
(State or country)	in I for	2001	Signed)	hambaiin Diffragioles	Tre
OF FATHER (State or country) 12 MAIDEN NAME	L. D.C.		*State the Di Violent Causes, st. Accidental, Suicidal		or, in deaths from jury and (2) Whether
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	M. Shaff	A	8 LENGTH OF RES	sidents)	eyremosds
14 THE ABOVE IS TRUE TO THE BEST	4	DGE if	Where was disease control not at place of dead ormer or usual residence	h?	
(Address) 425	lamotor	L -	9 PLACE OF BURIAN		DATE OF BURIAL AUG 12, 1931
15 Filed aug. 12"1981 W	andlass	200000	O UNDERTAKER	Ato d	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory affection need not be Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

WRITE PLANT WITH UNFADING INKTHIS IS A PERMA NT RECORI SEvery item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be propenty class statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	09635 STATE OF MARYLAND
County Prince Georgia	CERTIFICATE OF DEATH
	Registration Dist. No. 242
Village or City Seat Pleasantho.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2 FULL NAME many Josephine	Creamer number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH aug 26, 1923/
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
O.X 15 18	50 ang 17 1923 l. to ang 26, 1923
(Month) (Day) (Yes	that I last saw h alive on and 25, 1923
7 AGE	
70 yrs. 10 mos. 11 ds. or m	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION	gracher of and among
(a) Trade, profession or particular kind of work home duties	Land Times
(b) General nature of industry	and the parties of the same of
which employed or (employer)	(Durstion)yrs mos 9 ds
9 BIRTHPLACE (State or country)	Secondary Los Douration of first los all a
10 NAME OF	(Signed) 3 m Brady M. D
FATHER Thos. 9. Barry	- ang 26193/ (Address) Seat Pleasant In
OF FATHER (State or country) 12 MAIDEN NAME (C) 13 BIRTHPLACE OF FATHER (State or country) 14 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hannah Prach	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country) Ireland	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Hilliam Brown	Former or usual residence
(Address) Seat Pleasanthy	Washington, DG, 8-28, 1931.
15 Filoling. 27 1951 John F. Weas	Thomas J. Murrayo Son 2007- Nichola
If more blanks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changedhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re20 or given up on account of the DISEASE CAUSING DEATH_ to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. without more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory volvulor heart disease;

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material er," etc., without more precise specification as Day Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Locomotive engineer, cases, expecially in industrial employments, it is necesnature of the business or industry, and therefore an should be used only when needed. As examples: (a) Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary, may be entered as Housewife, Houseor At Home, and children, not gainfully emor At home. Care should be taken specifically the occupations of persons enstate occupation at beginning of illness. If retired from business, that fact may be indicated thus; Furmer (re-For persons who have no occupation cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on Civil engineer, Stationary freman, etc. But in many worked on may form part of the second statement. gaged in dome-tic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, Spinner, (b) Cotton mill; (a) Salcsman. Physician, Compositor, Architect, whatever. write Nonc. ployed, as At school. yrs). to report Joborer, work,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meringitis"); Diphloria avoid use of "Croup"); Typhoid fever never report "Typhoid Jever never report "Typhoid Deamonia"); Lobar pneumonia, Bronc ver the control of "Choumonia");

RECEIVED SEP 8 1931 BUREAU V. S.

inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; etc. The contributory (secondar, or intercurrent) affection need not be causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-" "Marasmus," "Old Age," "Shock," "PUERPERAL septicuemia," "PUERPERAL perglomitis," etc. taken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide: Poisoned by corbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of 'contributory." "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Examples: Accidental drowning; Struck by railway trainresulting from childbirth or miscarriage (Recommendations on statement of cause of State cause for which surgical operation was approved by Committee on Nomenclature stated unless important. Example: Meusles Whooping cough; Chronic valualar heart Chronic interstitial nephritis, etc. The con American Medical Association.) "Inanition, diseases Chronic

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

2

H. B.

PLACE OF DEATH	1963 STATE OF MARYLAND
County Prince Jeanals	CERTIFICATE OF DEATH
neary front ville	Registration Dist. No. # 245
Village or City W. (No.	St.: Ward) (If death occurred in
2 FULL NAME had W. Foster	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25 , 1981
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Wec. 19, 1992	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
50.91 yrs. 8 mos. 6 ds. or min.?	1
(a) Trade, profession or particular kind of work	Rilled in automobile accident
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs,ds,
9 BIRTHPLACE (State or country)	Contributory Secondary A (Duration) As mos ds.
10 NAME OF FATHER WM. TOWN	(Signed) Prest E. alternal J. P. M. D.
O II BIRTHPLACE	(Address) Dank or in deaths from
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Wargaret 7. Toster	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country)	of deathyrsds. Stateyrsds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) V.C. TOWN	usual res.dence
219 9. Broud St. While Pa.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) VIII III IV VWW IV	Woodungfor Walless Apress
Filed Qua 26 1931 Mrs. Con Registrar	7 Lasely Sous Bladensford
If more blanks are needed, addre.s tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 700

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (6) Grocery;

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> (Recommendations
> approved by Committee
> American Medical Association
> this certificate is look
> thorough the committee that the committee the committee that the committee the committee that the committee t as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the had of "contributory." (Recommendations on strengt to cause of death approved by Committee in Nomenclature of the American Medical Association. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart Example: Measles (disease etc. The contributory The nature of the injury, disease;

thoroughly and all questions correspondence

PLACE OF DEATH	19635 STATE OF MARYLAND
County Preced Learge's	CERTIFICATE OF DEATH
Baden	Registration Dist. No. 227
Village or City Work (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Heeg 10, 193/ (Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was/as follows:
(a) Trade, profession or particular kind of work	eau
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds
9 BIRTHPLACE (State or country) Many land	Secondary (Durstion) yrs mos, ds
FATHER GRONGE Nowhins	(Signed) Sterry Blowler Lovel Reg. D Aug 10 1921 (Address) Aguaser Jud
of Father (State or country) Many Land	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Alex Doton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Many Alian Sofa and	Former or usual residence
(Address) Badur Such	St. Thomas showed Recubing Aug 10, 19.3/ 20 UNDERTAKER FORMS ADDRESS
Filed Any 10 1931 Noun Blacker Registrar	Bany awin Houson Baden Med
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.
(a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Squant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same absepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

PLACE	OF	DEATH
P	-	a

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vi	Hage or City Upper Marshoro (No. 14/ 2FULL NAME Edna Louise Haw	St.: Ward) (If death occurred in a hospital or Institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married	16 DATE OF DEATH Quyud 30, 1927 (Month) (Day) (Year)
6	DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to august 3 , 1923/, that I last saw her alive on august 3 , 1943/,
8	JO yrs. mos. 4 ds. or min.?	
E	b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 765
PARENTS	10 NAME OF FATHER Willie France 11 BIRTHPLACE OF FATHER (State or country) Washington D.C. 12 MAIDEN NAME Fester Stell Batson	(Signed)
	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(State or Country)

15

Where was disease contracted, if not at place of dea.h?.....

20 UNDERTAKER

If more b.anks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or usual residence

No.

WRITE

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of ," etc., For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheriu (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> causing approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic Example: Mcasles (disease valvular heart affection etc. The contributory need not be disease; Measles ; etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	[1 SE- 8 193]	July 5,1927	Peritonitis	3 days ago
		Author		
	WEREAU VS			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
- W				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

1. PLACE OF DEATH	(3)
County Trence Leorge	Registration Dist. No. 230
Village Dr City Burery	NDSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurre	ed Q yrsmosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Josephene Luc	centra Hazard
(a) Residence. No. Washington x 6	Paltisecone PakeSt., Ward.
PERSONAL AND STATISTICAL PA	ARTICULARS MEDICAL CERTIFICATE OF DEATH
	E, MARRIED, WIDOWED. 21. DATE OF DEATH
OR DIV	VORCED (write the word)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
Naved & . Toza	end July 20t 1931, 10 aug 8 ch 1921
6. DATE OF BIRTH (month, day, and year) lug 2	2041851 I hast saw here alive on deep 7, 1931; death is said
7. AGE Yaars Months Day	0
79 11 10	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	, l
SAWYER, BDDKKEEPER, etc.	service Chronic Interstellad Rephretes 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	Total time (years)
O this occupation (month and year)	spent in this occupation
Q 05	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
	7.000
E	nene
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Ro Was there an autopsy? Ro
E m.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or fown) (Stata or country)	Accidant, suicide, or homicida? Data of injury, 19
2 0.1 6 C	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mo John G. Well	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Jerewyce 18. BURIAL, CREMATION, OR BEMOVAL	
	Aug 10., 1931. Nature of injury
19. UNDERTAKER Jasely	24. Was diseasa or injury in any way related to occupation of deceased? Ro
(Address) Elyathul	le me If so, specify
20, FILED lug-9-, 19 87 Johns	Danutte (Signed) M. Culture M. I
	Registrar. (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. Married OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Year) IIfLESS than 7 AGE I day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from fiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death ... OF MOTHER (State or Country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRU usual residence. (Address) If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons, who have no occupation without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid pneumonia, Bronchopneumonia ("Pneumonia");

Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by stated unless important. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tubcrculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronicetc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.	
203	
٧.	

PLACE OF DEATH County Pun ae Ge	09643 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City lefter 14 allows	Registration Dist. No. St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 16, 198/
6 DATE OF BIRTH March Lonkan 190/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 0 to Cut f 6 192 0 that I last saw halive on, 192
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 119 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	angrie Pectoris,
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Perry Huser.	(Signed) (Duration) Jyrs mos ds, (Signed) (Lucy of Conscious M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME /	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Ilomicidal.
of MOTHER Mary Glenn 13 BIRTHPLACE OF MOTHER Mary Land	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residenta) At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or ususl residence.
(Address) Wushington D (19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND 19, 193/
Filed My / 192 / Dun Mustle Registrar If more branks are needed, address State Registrar	20 INDERTAKER ADDRESS Atland Regulation V. S. No. 1.
	Village or City Cyfer I half Now 2FULL NAME Wesley Lens PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH March Linkunt 90 (Month) (Day) (Year) 7 AGE If LESS than I day, hrs. ds. or, min? 0CCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER (State or country) Maryland 11 BIRTHPLACE OF MOTHER OF MOTHER (State or Country) Maryland 12 MAIDEN NAME OF MOTHER (State or Country) Maryland 13 BIRTHPLACE OF MOTHER (State or Country) Maryland (Address) Washington D (15 Filed May 8 192/ Brandown D (15

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Sulesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed in to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, laborer, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

For as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of 10 ds. Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	09644 STATE OF MARYLAND
County / June Tenge.	CERTIFICATE OF DEATH
11 000000	Registration Dist. No. 245
Village or City Syallaville (No. Sac	red Heart House Ward a hospit of institu-
2 FULL PAME Mess Catherine It	ward) a hospit i or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED Suigle	16 DATE OF DEATH (u.g. 19 , 193/ Aug 19 / (Month) 193/(Day) (Year)
STORTE OF BIRTH OLL 1.24 1864	17 VEREBY CENTIFY, That I attended the deceased from Cang 2 192 8 to any 19 ,193 /
(Month) (Day) (Year)	that I last south Malive on flang. 12 1923,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
66 yrs. 10 mos. 25 de. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory Languene both leas to lubs -
9 BIRTHPLACE (State or country) Ireland -	Contributory Langue or La legs in high Secondary Industry of Clerangeration) yes 3 mos. ds.
10 NAME OF Cornelius Hickey	(Signed) Thomas Enjothingly M. D. Buy 19 103/ (Add) 20 46 89 NB
OF FATHER (State or country) State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother and O'Neil	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER . (State of Country) Seland	ients or Recent Residents) At place 3 of death 3 yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, // aslungton . C
(Informant) Sister Suferior	Former or usual residence
(Address) Vacad Heart House	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10 PLACE
15 Filed aug. 28 181 may Jas Severe	20 UN DERTAKEN ADDRESS
If more branks are needed address tate Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1 Wash. Off

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Ai school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coal mine, etc. would en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enthe first line will be sufficient, e. g., Farmer or Planter, Physician, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Automobile factory. The material -Coal mine, etc. Wom-6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on as tracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic and consequences (e. g., sepsis, etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	N.

PHYSICIANS should state Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY

STATE OF MARYLAND-CERTIFICATE OF DEATH

0000		Ū	3	8	1	U	
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1. PLACE	OF DEAT	TH			(8)		
County	Princ	e George				No. 2 34	
Village	or Cityne	ear Accok	eek	(lí	No.	St., Ward	
Langth	of residence in ci				ds. How long in U.S. if of foreign birth?	yrsds.	
2. FULL	NAME	Infan	t Johnson	Stillb	orn)		
(a) Res	sidence: No		(Usual place	of shode)	St.,Ward.	ty or town and State	
PERS	SONAL AN	D STATIST	CAL PARTI		MEDICAL CERTIFICATE OF		
3. SEX	4. COLO	r or race Lack	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 2,	, 193 <u>1</u> (Year)	
5a. If married, N HUSBAND (or) WIFE		oread			22. I HEREBY CERTIFY, TH	nat I attended dacaased from	
6 DATE OF BU	RTH (month, day	v and vear)	August 2.	1931			
7. AGE	Yaars	Months STILLBO	Days	If LESS than 1 day,hrs. ormin.	to have occurrad on the data statad abova, atn The PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:	n.	
D. Data d. this yaa	y or business In k was dona, as S W MILL, BANK, a assad last wor s occupation (moi r) CE (city or town)	SILK MILL, atcrkad at nth end	spa:	ime (yeers) nt in this pation	Dther Contributory Causes of importance:		
(State o	r country)						
出 13. NAME		reddie J	chnscn				
13. NAME 14. BIRTHP	PLACE (city or to ate or country)				Name of oparation		
15. MAIDE	N NAME	Rosyzett	a Banker		23. If death was due to external causes (VIOLENCE) fill in als		
15. MAIDEI	16. BIRTHPLACE (city or town) Wirginia (Stata or country)				Accident, suicida, or homicide?		
17. INFDRMANT					Specify whether Injury occurred in INDUSTRY, in HDME, or	IN PUBLIC PLACE.	
	EMATION, DR R		Data	, 19.3./	Mannar of injury		
19. UNDERTAKI (Addres					24. Was disease or injury In any way related to occupation o If so, specify Rena Huttle	f daceasad?	
20, FILED Cu	ug. 12.	193 P. Mina	- Cons	A.C. Registrar.	(Signad) Nena Hurth		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No(No. . Ward) (If death occurred in a hospital or institusion, give ite NAME instead of street mumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. back WIDOWED (Day) OR DIVORCED (Year) (Write the word) CERTIFY. That I attended the deceased from 6 DATE OF BIRTH truction (Month (Day) (Year) and that death occurred on the date stated above. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in /vrs..... mos.... which employed or (employer)..... Contributor 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE -State the Disease Causing Death, fr. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether OF FATHER 0 区田 (State or country) Accidental, Suicidal or Homicidal. 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) O 13 BIRTHPLACE In the At place Ö OF MOTHER of death yrs. ... mos..... da. State,yrs.....mos. 0 (State or country Where was disease contracted. 10 14 THE ATOME IS THE BEST OF MY KNOWLEDGE if not at place of death?...... Former or usual residence. Statem DATE OF BURIAL Ever 63 Registrar if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary). may household only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day Never return "Laborer." "Foreman," "Manager," "Deal-Witatever, write None. Housemaid, etc. laborer. Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; zhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques eupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material tion applied to each and every person, irrespective of Statement of Occupation Precise statement of oc For many occupations a single word or term on 07 Vra.). De Home, and children, not gainfully emwho are engaged in the luties of the For persons who have no occupation If the occupation has been changed be entered as Housewife, House.

Bissement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same necept's ed term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Caropy"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pueumonia.")

ment of cause of death approved by Committee on rhage." "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia." Nomenclature of the American Medical Association. quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Purperal septicaemia." "Purperal peritonitis," discuses resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (second-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway "Uraemia," "Weakness." etc., when a definite disease rulsions." stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart disease; inges. peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Tumor" for malignant neoplasms); Measles; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Апаетія" The na-(merely (disease "Соп-

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrage	July 5,1927	Peritonitis	3 days ago
TO DEP			
Other contributory chases of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1000			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MA	RYLAND—	CERTIFICATE OF DEATH 09	141
1. PLACE OF DEATH		820 74	4
County Prince Georges		Registration Dist. No.	
Village or City Mt. Rainier	(If	Np. 2917 Bunker Hill Rd. st., f death occurred in a hospital or institution, give its NAME instead of street and m	Ward wmber)
Langth of rasidence in city or town where death occurred_	14 yrs. 4 mos	sds. How long in U. S. if of foreign birth?yrsmos	sds.
2. FULL NAME William Georg	e Little		
(a) Residence: No. 2917 Bunker H	ill Rd.	St., 2d Ward. 2d If nonresident give city or town and 5	State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
	ARRIED, WIDOWED, CED (write tha word) 10d	21. DATE OF DEATH Aug 31 (Monyly (Day)	193 / (Year)
5a. If married, widowed or divorced HUSBAND of Hattie W. Little		1 HEREBY CERTIFY. That I attended d	ecaased from
6. DATE OF BIRTH (month, day, and year) Dec. 20	. 1961	0.21	; death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at & m.	
A 69 8 11	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	01
8. Trada, profession, or particular kind of work done, as SPINNER, Reti	red	artina Schring	Date of onset
9. Industry or business in which work was done, as SILK MILL, Railr oa SAW MILL, BANK, atc.	d		
this occupation (month and	ai time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltimore C (State or country)	ounty, Md.	Dther Contributory Causes of importance:	
E 13. NAME George Little		Crione munning	
	County, Md		
15. MAIDEN NAME Mary Elizabe	th Vomm	What test confirmed diagnosis? Was there an at	
16. BIRTHPLACE (city or town) Baltimore (State or country)			
17. INFORMANT Hattie It. Little (Address) mit Ramier	m d	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL mod Place It Juncoln Date Se	lit 2 , 19 8 1	Manner of injury	/
19. UNDERTAKER T. F. Gasche So (Addifos) Totallivelle	ns d	24. Was disease or injury in any way related to occupation of deceased?	U
20. FILED Jost Cary ha	lley Registrar.	(Signed) (Address thomas Office D.	7 M. D.
T			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921 July 5,1927	Run over by street car Peritonitis	1 week ago 3 days ago
			0
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	
Uttestures	Way 1,1925	tusioenie uis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

the face should be at the

15	nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 19648
(10)	=	1. PLACE OF DEATH	46/
- of	should stat f OCCUPA	County Sunce Scouge	Registration Dist. No. 230
	sho of O	Village or City Beruyn, J. Md.,	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)
		Length of residence in city or town where death occurred yrsmos	ds. How long In U.S. if of foreign birtb?yrsmosd
	Every CIANS ement	2. FULL NAME Cinna Cliga	oraless
	RD. Ev YSrCL statem	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	E PH E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	L Y. PI	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Uhite Ulidowed	21. DATE OF DEATH (Day) (Year)
2	X A C T I	5a. If married, widowed, os-divorced HUSBAND of	1 HEREBY CERTIFY. That ettended deceased from
BINDIN	MA KA lass	(or) WIFE of Jack 6. Loveless SV	Jan 5 ,1937, to 1937
BIL	justice a	6. DATE OF BIRTH (month, day, end year) March 72 1863	I last saw h alive on 9 7 7 19 37; death is sai
OR	IS A PE stated E properly	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at
FI	S IS sta pr	8. Trede, profession, or particular	Were estrollows. Date of once
ED	HH pp	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma Rasing
RESERVED	NK-T should it may n back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Fall & Liver
E E	INK she t it i	11. Total time (years)	
H		this occupation (month end spent in this occupation occupation	
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) annapolis md.	Other Contributory Causes of importance:
MARGIN	AD ed. S, S	(State or country)	
RC	UNFA supplied n terms, ee instri	# 13. NAME John Stook	
MA	See	13. NAME JOHN STOOK 14. BIRTHPLACE/(city or town) Md2	Name of operation Dete of
	ITH Illy plai	(State or country)	What test confirmed diagnosis? X Y Wes there en eulopsy?
	eful in p	15. MAIDEN NAME Mary Stewart	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
		[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
U	AINLY, d be car DEATH y import	S (Stete or country)	Where did injury occur? (Specify city or town, county and State)
	PLAI nould DF DE	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	三 图 第	Place aumandale Date aug 1, 19 3 1	- Nature of injury
5.4	-WRITE mation s CAUSE TION is	Hy Cach + Soul	24. Was disease or injury in eny way related to occupation of deceased?
10.1	LECE	19. UNDERTAKER To Casch & Dons (Address) Styatteville, Md.	If so, specify
zi zi	B	Biand D. I de Al	(Signed) M.
>	z(T)	20. FILED CULY 1-, 19.31 Annual Registrar.	(Address) Carrid
		If more blanks are needed, address State Revistrar	2472 N. Charlet Street Baltimore Requesting T.) S. No. x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, mame other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
	i §	2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING ESERV œ MARGIN

(Approved by U. S. Census and American Public Health Association.)

tion cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spiener, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, timed 6 yes). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cank, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH. Househaid, etc. If the occupation has been changed whatever, write None. etc., applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: (crebrospinal fewer (the only definite synonym is "Epidemic cerebrosinal meningitie"; Diphtheria (avoid use of "(roup '); Typhoid fewer (never report "Typhoid Pneumonia"); Lobor preumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., "PUERPERAL seplicaemia," "PUERPERAL perilonilis. ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Urnemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; Chronic Carcinoma, ete. valvular heart discuse; The contributory Sarcoma, Measles

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8. No. 1

>

PLACE OF DEATH County Green George B.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 235
Village or City Security (No 20 11)	Ward) (If death occurred in a hospital or institution, give its NAME isstead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
FORTE OF BIRTH REGULAT (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Consequent 3/ 193/. to Consequent 192/, that I last saw hereafter 192, 192,
Julian de la	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Montine yrs. mos. ds.
9 BIRTHPLACE (State or country) Live Garge & Mil	Contributory Secondary (Durstion)mosds,
10 NAME OF FATHER Churand Machalo 11 BIRTHPLACE OF FATHER (State or country) Waryland	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) M 12 MAIDEN NAME OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs ds.
(Informant) Your Mroun Keelsal	Where was disease contracted, if not at place of death? Former or usual residence
(Address) The De 74	Forshille Date of Burial Forshille 19.31, 19.31
Filed /3/ 193/ Thoo J Loffills	20 UNDERTAKER South Det En Pung Shove Keel.
If more blanks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a Form loborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhuid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway troin-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of r," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Locomotive engineer, not gainfully em-The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved Examples: Accidental drowning; Struck by railway traintaken. State cause for which surgical operation was underuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," " "Marasmus, " "Old Age, " "Shock, Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory Always qualify all

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DUDGULAR AND CONTROLL AND CONTR		K TY	(Usual place of abode)		State
NOT DATE OF DEATH Color of Race S. Sinkle, Marker, Minowed, or divorced with the service of the property of the second of the service of the second of		act Pic	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
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SHALLAND BONKEERE, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Seltaville 13. NAME 14. BIRTHPLACE (city or town). Seltaville 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Maintenance of minure of operation. 16. BIRTHPLACE (city or town). Maintenance of minure of operation. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVE. 19. Under Acceptant or country. 20. FILED Acceptant or country. 21. Information of country. 22. Under Acceptant or country. 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. Under Was disease or injury in any way related to occupation of deceased? 25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 26. Country of the Coun	BI				; death Is said
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SHALLAND BONKEERE, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Seltaville 13. NAME 14. BIRTHPLACE (city or town). Seltaville 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Maintenance of minure of operation. 16. BIRTHPLACE (city or town). Maintenance of minure of operation. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVE. 19. Under Acceptant or country. 20. FILED Acceptant or country. 21. Information of country. 22. Under Acceptant or country. 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. Under Was disease or injury in any way related to occupation of deceased? 25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 26. Country of the Coun	FO	IS sta pro ert	O 10 ormin.	were as follows:	Data of onset
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NAME OF COUNTY) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. BIRTHPLACE (city or town) 22. BIRTHPLACE (city or town) 23. Information 24. Was there an aulopsy? Where did injury occurr? Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Name of operation Name of oper	VE	H H H		Crace organic	73
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TI. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Date 19. 19. 3' Nature of injury Na		ca TH Port	O 16. BIRTHPLACE (city or town)		, 19
TI. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Date 19. 19. 3' Nature of injury Na		be be im	Last Parent	(Specify city or town, county and State	e)
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19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D. Registrar. (Address) M. D.		she she s	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
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(Address) 2D. FILED Oug 4, 19.3 Phub Limite Registrar. (Address) (Address) (Address) (Address)	1	WI nati	19. UNDERTAKER & Kong Kanger	24. Was disease or injury In any way related to occupation of deceased?	
Registrar. (Address)	No.	8 5 5	(Address) (Saure) Md.	If so, specify	
Registrar. (Address)	vi -	7	20. FILED Cluz 4- 1931 whis Limite	(Signed)	M. D
	7	<i>f</i>	Registrar.		1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	DI	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- 10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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PLACE OF DEATH	09653 STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
1 non 1 mil	Registration Dist. No. 242
Village or City Seak leasuns (No. 10).	St.: Ward) (If death occurred a hospital or institution, give its NAME istead of street ar
FOLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May 24, 1851 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 3, 1923, to 3, 1923, that I last saw h salive on 3, 1923
7 AGE 80 yrs. 4-mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) W SOCCUPATION (a) Trade, profession or particular kind of work Mavy, Jurd Ret (b) General nature of industry business, or establishment in which employed or (employer)	chronic interstibile supplicités (Duration) systemany
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosd
10 NAME OF FATHER Parisongly Preston	(Signed) 3/1921 (Address) Sut Pleasant In
OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Careffinant 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place In the
(State or Country)	of death yrs mos State yrs mos disease contracted,
(Informant Miss. C. Jichen	if not at place of death?
(Address) Leat Pleasant mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CALL 6, 198
15 Filedang 3 1931 John & Wells	20 UNDERTAKER HADDRESS HOW Deal June 8/6-14 Ag M
If more branks are needed, address State Registrar	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, 'peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Always qualify all Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09654
1. PLACE OF DEATH	———(No)
County June Teorge	Registration Dist. No. 230
Village or City Wollege Pall	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James Melson Sha	s. ds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. College Park and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWEO. OR DIVORCEO (write the word)	21. DATE OF DEATH Aug 22 (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Shoulk	22. June 12 1931, to Gug. 22 1931
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER for all of work done, as SPINNER for all of places of the SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL of the surface of th	Perniciones arania Jan 193
2. BIRTHPLACE (city or town) Smitheburg md (State or country)	Other Contributory Canses of importance:
A L O A MAY	
13. NAME John Paul. Shauk 14. BIRTHPLAD (city or town) (State or country) M	Name of operation Oate of What test confirmed diagnosis? Blood Come West here an autopsy?
15. MAIDEN NAME Sarah Annikebecca Adams 16. BIRTHPLACE (city or town) Studerick m. 4 (State or country) 7. INFORMANT Cliffe Park may	23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place multichery M. Date aug 25, 1931	Manner of injury
9. UNDERTAKER F. Fasche Lone (Address) Frattaville mo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Quesa - 24 /31 John & Smith	(Signed) M. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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S. No.	B.—
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	-CERTIFICATE OF DEATH 09655
1. PLACE OF DEATH	(D) (D)
County / such the	Registration Dist. No. 230
Village or City Selloylle	No. St., Wa
Length of residence in city or town where deeth occurred 2 Vyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?
2. FULL NAME Mary & Shipley	
(a) Residence: No. Ballwill Will.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word up arried)	
5a. If married, widowed, or divorced	20 1 1 1 5 5 5 7 7 5 7 7 7 7 7 7 7 7 7 7 7
(or) WIFE of flues My Stupley	22. I HEREBY CERTIFY. That t attended deceased for the state of the st
6. DATE OF BIRTH (month, day, end year) Septimos	l last saw has alive on 22 4 193/ death is
7. AGE Years Months Days If LESS tha	
80 1 9 1 day,	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Central Herror has 311
kind of work done, as SPINNER, Nousework SAWYER, BOOKKEEPER, etc.	auralined asterior
9. industry or business in which work was done, as SiLK MILL,	alier
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month and yeer)	
Carron Open	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	auto people 8/2
13. NAME Ham Kinton)	- Milary
13. NAME SUM Kintons 14. BIRTHPLACE (city or town) - William	Name of operation Date of
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME JUSTINOWIL	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME LULLINOWN 16. BIRTHPLACE (city or town) M. G.	Accident, suicide, or homicide? L.D
(State or country)	Where did injury occur?
17. INFORMANT July W. Suplus (Address) Belleville, US)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place To Mary le My Date Gug 27, 19.	Manner of injury
19. UNDERTAKER & TOYA CRUSEN OF	24. Was disease or injury in eny way related to occupation of deceesed?
(Address) Rawel Md.	If so, specify
20, FILED lug 26, 79 31 Ahres Inville	(Signed) B Wany

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURRAU V. S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 11		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	09656 STATE OF MARYLAND
County Trem Lion	CERTIFICATE OF DEATH
9 11	Registration Dist. No. 204
Village or City (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug 15, 192/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw Amalive on ful 20 , 198/
7 AGE 9 5 yrs. mos. ds. lf LESS than l day hrs. or min.?	and that death occurred on the date standabove, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Liference
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) L yrs. mos. ds.
9 BIRTHPLACE (State or country) Charles Caury	Contributory Secondary (Duration) yea mosds.
10 NAME OF for Bulen	(Signed) Jy Jy M. D.
OF FATHER (State or country) Charles bo,	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Trung Any growing	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or company)	At place of deathyrsmosds,
(Informant) Almara Charter	if not at place of dea.h?
(Address) Silesia Ma	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Dig 20 1981 Pena Nurth Registras	20 UNDIRTAKER John Haladef M.
If more hanks are needed, addre, a Ltate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, For many occupations a yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material single word or term on Grocery,

Statement of Cause of Death—Name, first, the pise A new twing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

warbalic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Sewile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic Example: Measles (disease ," "Coma," "Convulsions, valvular heart disease; etc. The contributory Measles ;

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PLACE OF DEATH

s

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been-changed definite salary), may be entered as Housewijc, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. Stationary fireman, etc. But in many For persons who have no occupation single word or term on 6 The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrophinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria avoid use of "Croup"; Spinal meningitis"); Diphtheria avoid use of "Pneumonia"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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BURKA

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. BINDING WIDOWED. OR DIVORCED (Write the word) (Month) Z 6 DATE OF BIRTH 17 ICHEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) alive on, 192....., 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. RESERVE SEOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in .(Duration) _____yrs, ____mos____ which employed or (employer) Contributory MARGIN BIRTHPLACE Secondary (State or country) DA क म (Duration) DO 10 NAME OF 3 1 FATHER 0 (Address) 11 BIRTHPLACE OF FATHER S RENT *State the Disease Causing Death, or, in deaths from CAU (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate SCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs. mos. ds. State.....yrs.....mes..... (State or Country) 00 Where was disease contracted, houl 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Every item CIANS sho statement Former or usual residence. (Informant) 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL (Address 20 UNDERTAKER ADDRESS Registrar If more branks are needed, address State/Registrar, 16 W. Saratoga St., Balto.,

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken laborer, er," etc., should be used only when needed. As examples: (a) fulness of various pursuits ean be known. whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been gaged in domestic service for wages, as Schunt, Cook to report specifically the occupations of persons en definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or yrs). Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day For persons (b) Automobile factory. The material who have no occupation -Coal mine, etc. (b) The queschanged Grocery; Wom-

Statement of Cause of Death—Name, first, the pissease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebraspiral fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH	09659 STATE OF MARYLAND
County Or, Seo.	CERTIFICATE OF DEATH
7	Registration Dist. No. 245
Village or City Hankans (No. P.O.)	3250 St.: Ward) (If death occurred in
2 FULL NAME Martin freple V.	tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 3/. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1922 to use 7, 1923/
7 AGE If LESS than	and that death occurred on the date stated above, at a_m.
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. / 7 ds. or min.?	
(a) Trade, profession or particular kind of work	Trematurety,
(b) General nature of industry	16
business, or establishment in which employed or (employer)	(Durstion)mosde.
9 BIRTHPLACE (State or country) Sanham. Nel.	Contributory Secondary (Duration) yrs 2 ds.
10 NAME OF My Williams	(Signed) Martin J. Teaue M. D.
of FATHER (State or country) Pranake, Va.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rachel . G. Stuffman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Frans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER GLAND, Co Ja (State or Country of Jan)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) Will Williamis	Former or usual residence
(Address) Janham Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL PLANS 18, 1931
15 Filed aug 17 1931 Mrs. Jas. Senere	4 Has chis ford Lyattorille Mc
If more blanks are needed, address Late Negistral	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. N

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimental as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Nanager," "Deal-(a) Foreman, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery,

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BERFAU

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	mu
1. PLACE OF DEATH	(176-0)	-
County Perusey TEV GOLD	Registration Dist. No.	2
Village or City Colleger Park Mi	NoSt.,	Ward
Length of residence in city or town where death occurred #5 yrs	death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. If of foreign birth?	
P. P. Ok.	I and	
2. FULL NAME CHUNA MOSKEL VIL	associate was	
(a) Residence: No. (Usual place of abode)	OLOCSt., Ward. If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, WARRIED WIDOWED, OR DIVORCED (Strite this word)	21. DATE OF DEATH (Month) (Day)	193 / (Year)
5a. If married, widowed, or dispreed HUSBAND of		1-00-6
(or) WIFE of Geomas B. Walson	22. I HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, end year) July 8 1843		death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at . 6 m.	00001113 3410
88 1 28 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	A D D D D	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Traction of heft Velow	perpet 2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		7
SAW MILL, BANK, etc		
this occupation (month and spant in this year) occupation		
MA	Other Coutributary Causes of inpurtance:	lart
12. BIRTHPLACE (city or town) (State or country)	Thersuna Trues	Copy
13. NAME Odurard adolph RECar		
14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an au	topsy? Ha
15. MAIDEN NAME Mary margudie Harfs	23. If deeth was due to external causes (VLOL ENCE) fill in also the following;	
16. BIRTHPLACE (city or town Horest Will	Accident, suicide, or homicide? decelent Date of injury tels	2192
(State or country) Md	Where did injury occur? Law Lower, feel (Specify city or town, county and State)	
17. INFORMANT Claude anderson	Specify whether in the occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	CE.
(Address) Callege Park ma	The Traver	
18. BURIAL, CREMOTION OF REMOVAL M. Oate. Aug 7 1931	Manner of injury	
Le de la Colonia	Nature of injury	70
19. UNDERTAKER T. CLASCILL COMME	24. Was disease or injury in any way related to compation of deceased?	
(Address) Bladeys Gung and	(Signed) 1. Cueses	МЪ
20. FILED Clisy 7- , 1931 the of Tratte	(Address) Reserve May	W. U.
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. H.

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Example ICEIVED			· Example II			
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Chronic interstitial nephritis	BUREAU V.	3.1921	Run over by street car	1 week ago		
Cerebral hemorrhage	The state of the s	July 5, 1927	Peritonitis	3 days ago		
		.*		X		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN